

REQUEST FOR USE OF CHAPEL FACILITY

Date Required By the Privacy Act of 1974 (U.S.C 552a) **Revised: February 1, 2006**

AUTHORITY: 51 U.S.C., Section 301

PRINCIPAL PURPOSES (s): Use of Chapel Facility

ROUTINE USES: None Authorized

DISCLOSURE: Information is voluntary; however, Chapel facility may not be made available if information is not provided

In approving this request, the sponsoring chaplain affirms that the below listed event is supported in the CMRP (Command Master Religious Program) AR 165-1 or other regulations pertaining to mission support activities and allocation of chapel resources. The sponsoring chaplain may authorize the parish coordinator and / or religious education coordinator to sign on his / her behalf. Requests must arrive at the Argonne Hills Chapel Center Office no later than 5 working days prior to the proposed date. Funerals and other command-sponsored activities may replace previously scheduled events.

Sponsoring Chaplain's' **Approval:** _____ Date: _____

(Sponsoring Chaplain must sign before this sheet is turned in at Argonne Hills Chapel Center Office)

(PLEASE PRINT)

TURN-IN DATE OF APPLICATION: _____
(DAY) (MONTH) (YEAR) (TIME) (CLERK'S INITIALS)

NAME OF
REQUESTER _____

PHONE: _____
(WORK) (HOME)

Description of Event (explain in detail):

GROUP: Catholic Community: Post Chapel____; Chapel Center____; Cavalry Chapel____; Hispanic____.

Cavalry Chapel Protestant____; Post Chapel Protestant____; Chapel Center Protestant Gospel____;

Episcopal ____; Jewish____; Muslim____; or Other Organization _____

LOCATION OF ROOMS & CAPACITY

(circle requested location)

CHAPEL CENTER	Sanctuary	Seminar Room	Fellowship Hall	Kitchen
	Class Room Adults		Class Room Children	
MAIN POST CHAPEL	Sanctuary	Social Hall	Fellowship Hall	Kitchen
CAVALRY CHAPEL	Sanctuary	Social Hall (Back Wing)	Fellowship Hall	Kitchen

(Continued on reverse side)

DATE OF **SINGLE EVENT**: _____

TIME OF EVENT: START TIME: _____ END TIME: _____

EQUIPMENT NEEDED: _____

FOR RECURRING EVENTS ONLY:

STARTING DATE OF EVENT _____

ENDING DATE OF EVENT _____

FREQUENCY OF EVENT _____

TIME OF EVENT: START TIME: _____ END TIME: _____

Circle the Day(s) or week(s), if more than one.

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
1		1		1		1		1		1		1	
2		2		2		2		2		2		2	
3		3		3		3		3		3		3	
4		4		4		4		4		4		4	
5		5		5		5		5		5		5	

STAFF NOTES

Official Chaplains Approval: _____ Date: _____

USER RESPONSIBILITIES

All chapel facilities are designated as **non-smoking** and **alcohol free** areas.

Eating and drinking are reserved ONLY for the fellowship hall and seminar room areas.

A responsible adult must accompany children under age 12 while in the chapel facility.

The copy machine is for chapel staff use only.

During regular office hours, only emergency messages will be passed on to users of chapel facilities.

CHILD WATCHCARE PROGRAM

Child Watchcare is provided for chapel sponsored groups and activities only (ie, Worship, Sunday School PWOC, etc). Child Watchcare must be coordinated through the Chapel Watchcare Coordinator by filling out the request form and placing it in the Watchcare Coordinator's box. She will then confirm the scheduling and use of the nursery in any building. Parents must be on the premises in order to use watchcare.

Childcare for NON-CHAPEL GROUPS must be coordinated through the Chapel Watchcare Coordinator for use of the nursery but actual childcare is contracted with **Child Development Services Supplemental Program Services Director or Short Term Alternate Child Care by calling (301) 677-7712**. Outside groups must provide their own refreshment supplies, audio-visual equipment, diapers, wipes, cleaning supplies and all other support resources.

CLEAN UP REQUIREMENTS:

All utilized areas must clean up after use. Floors must be vacuumed or swept. Contact the NCOIC for information on location of cleaning supplies.

All trash must be removed from the building and taken out to the dumpster in the back parking lot.

All rooms must be returned to the original furniture configuration. See diagram posted in each room for exact requirements.

Kitchen: If the kitchen is used, supplies and utensils must be returned to their original storage areas and the kitchen thoroughly cleaned. You are asked to bring your own towels rather than rely upon the availability of chapel resources. But if chapel towels are used, then hang them up to dry. **The kitchen may be locked unless you specifically request to use it.**

SECURITY: When You Are The Last In Building!

You are required to do the following:

Check to see that all electrical equipment is turned off (coffee pot, etc.).

Check all doors and lock all doors.

Check all lights, to include bathrooms, and turn them off.

Chapel activities take precedence in scheduling chapel space. Funerals and other command sponsored Activities such as religious services, may replace previously scheduled events.

Non-compliance with the above items will result in a warning to the user to take corrective action. If non-compliance persists after warning, TERMINATION of use of the chapel facility will occur.

Requestor's Statement: I have read the above **USER RESPONSIBILITIES** and agree to adhere to them

Signature of Requestor:

Date:

Original for office files; Photocopy to requestor

CONFIRMATION OF CHAPEL RESERVATION

ANNE-CH (165-1)

Date: _____

MEMORANDUM FOR _____

SUBJECT Confirmation of Chapel Reservation

1. Your request for the scheduling of Chapel facilities is approved, as follows:

Type of Event: _____

Date of Event: _____

Time: _____

Location: _____

Other: _____

2. If you have any questions regarding building usage, please contact the NCOIC at Main Post Chapel (301) 677-7842; the NCOIC at Argonne Hills Chapel Center (301) 677-5246; or the Chaplain Assistant at Cavalry Chapel (301) 677-7843. If you have any questions about scheduling, please contact (301) 677-6035 receptionist.

Robert Powers
Chaplain (LTC) U. S. Army
Deputy Installation Chaplain/
Chaplaincy Resource Manager

CF: Requestor
Original for office files

CONFIRMATION OF CHAPEL RESERVATION

ANNE-CH (165-1)

Date: _____

MEMORANDUM FOR _____
(NCO OF THE BUILDING BEING USED – for any assistance)

SUBJECT Confirmation of Chapel Reservation and/or assistance of that building:

1. Your request for the scheduling of Chapel facilities is approved, as follows:

BY:

(Main Post Chapel) (Argonne Hills Chapel Center) (Cavalry Chapel)

2. **Name your request as to your need and/or question?**

3. If you have any questions regarding building usage, please contact the NCOIC at Main Post Chapel (301) 677-7842; the NCO at Argonne Hills Chapel Center (301) 677-5246; or the Chaplain Assistant at Cavalry Chapel (301) 677-7843. If you have any questions about scheduling, please contact, Mr. Gary Gregory at (301) 677-6035.

Robert Powers
Chaplain (LTC) U. S. Army
Deputy Installation Chaplain
Resource Manager

CF: Requestor
Original for office files
Hand In to Chaplain Assistant
